

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395221</b>	(X2) MULTIPLE CONSTRUCTION:  A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED:  <b>05/16/2023</b>
NAME OF PROVIDER OR SUPPLIER: <b>BEDFORD SKILLED NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE: <b>136 DONAHOE MANOR RD BEDFORD, PA 15522</b>		
STATE LICENSE NUMBER: <b>040402</b>					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
P 0000	INITIAL COMMENT	P 0000			
P 2020	Based on a State Monitoring Survey completed on May 16, 2023, at Bedford Skilled Nursing and Rehabilitation Center, it was determined that the facility was not in compliance with the requirements of the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as it relates to the Health portion of the survey process.	P 2020			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:		(X6) DATE:

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P 2020	Continued from page 1  § 211.12(i) Nursing services.  (i) A minimum number of general nursing care hours shall be provided for each 24-hour period. The total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.7 hours of direct resident care for each resident.  This REGULATION is not met as evidenced by:	P 2020	The facility did self identify and report via the event reporting system that direct hands on care was below a 2.7 on May 14, 2023. The Administrator, Director of Nursing, Scheduler and Human Resources Designee will conduct routine staffing review meetings to review previous day staffing hours and census as well as projection for upcoming days. If staffing levels are below, facility to reach out to current staff and local agencies to assist in meeting 2.7 hours of direct hands on care. Facility to continue to offer incentives to encourage staff to pick up vacant shifts and call offs. Routine staffing meetings review of direct nursing hours to be reviewed with the facility Regional Market Director. Findings to be submitted to the Quality Assurance Committee for review and recommendations to ensure compliance.	Completion Date: <b>06/20/2023</b> Status: <b>APPROVED</b> Date: <b>05/24/2023</b>	

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P 2020	<p>Continued from page 2</p> <p>Based on review of information submitted by the facility, as well as staff interviews, it was determined that the facility failed to provide the required minimum number of nursing care hours of 2.7 hours of direct resident care for each resident for one of one days reviewed.</p> <p>Findings include:</p> <p>A report submitted by the facility, dated May 15, 2023, indicated that on May 14, 2023, staffing provided was at 2.6 hours of direct resident care due to staff call offs.</p> <p>Interview with the Director of Nursing on May 16, 2023, at 3:23 p.m. confirmed that nursing care hours were below the required 2.7 hours per resident on that day due to staff call offs, and they were unable to obtain staffing to cover the call offs to meet the minimum staffing requirement.</p>	P 2020			



# Certified End Page

**BEDFORD SKILLED NURSING AND REHABILITATION CENTER**

**STATE LICENSE NUMBER: 040402**

**SURVEY EXIT DATE: 05/16/2023**

**I Certify This Document to be a True and Correct Statement of Deficiencies and  
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

*Jeane Parisi*  
*Deputy Secretary for Quality Assurance*

A handwritten signature in black ink that reads "Debra L. Bogen MD".

*Debra L. Bogen, MD, FAAP*  
*Acting Secretary of Health*



THIS IS A CERTIFICATION PAGE

**PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY